



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Deborah C. Youngblood, PhD, Commissioner
1000 Commonwealth Avenue
Newton, MA 02459-1544



Public Health
Prevent. Promote. Protect.

Telephone 617.796.1420 Fax 617.552.7063
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APPLICATION FOR PERMIT TO OPERATE A MOBILE FOOD UNIT

Date: _____

Name of Business: _____

Address of Business: _____

Phone Number of Business: _____ Business Email: _____ @ _____

Vehicle Registration Number: _____

Name of Owner: _____ Owner's Email: _____ @ _____

Address of Owner: _____

Owner's Phone: _____ Owner's Cell Phone: _____

Name of Emergency Contact: _____ 24 Hour Phone: _____

- **All mobile food operations shall operate from a fixed, licensed food establishment or food processing plant (Base of Operation) and shall report at least daily to such locations for all food, water and supplies and for all cleaning and servicing operations.**

Name of Base of Operation: _____

Address of Base of Operation: _____

Phone Number of Base of Operation: _____ Email: _____ @ _____

Briefly describe the types of Food that are prepared, served and stored: _____

Do you sell Containers of Milk? Yes ☐ No ☐

Do you sell Ice Cream or Frozen Water-Based Food Products? Yes ☐ No ☐

Provide Newton Route and / or Customers along with Times: _____

- **For Ice Cream Trucks: Per Massachusetts State Law and 520 CMR 15.00, all vendors selling any ice cream, frozen dairy or frozen water-based food products on a truck must undergo a**

CORI / SORI Check with a Police Department in Massachusetts A Clearance Permit / Letter issued by the Chief of Police or the board or officer having control of the police in a City or Town, or person authorized by them, must be supplied to the Newton Health and Human Services Department along with our application before a permit will be issued. At this time the Newton Police Department does not have a mechanism in place to perform these checks.

This law applies even if other food items are sold from the truck.

Pursuant to M.G.L. CH. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Application must be completely filled out with a fee payable to the “City of Newton”.

All Fees are NONREFUNDABLE

Mobile Unit Fee Enclosed (\$90.00): _____

Milk Fee (\$10.00): _____

Frozen Dessert (\$5.00): _____

Total Enclosed: _____

Federal Identification Number

Signature of Individual Corp / Officer

To obtain your permit to operate a Mobile Food Unit, you must submit the following:

- ☐ **A completed Application – Incomplete applications will not be processed and will be considered not filed.**
- ☐ **A copy of your Certified Food Management Training and Allergy Awareness Certificate**
- ☐ **A copy of your Base of Operation Permit**
- ☐ **A completed Workers’ Compensation Insurance Affidavit. Attach a copy of the Policy Declaration Page (showing the Policy Number and Expiration Date).**
- ☐ **Permit Fee**
- ☐ **For Soft Serve Frozen Dessert: Laboratory results must be submitted to the Newton Health and Human Services Department within 30 days of the start of operation and monthly thereafter.**
- ☐ **For Ice Cream Trucks: A Clearance Permit / Letter issued by the Chief of Police or the board or officer having control of the police in a City or Town, or person authorized by them, must be supplied to the Newton Health and Human Services Department along with our application before a permit will be issued.**